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December 9, 2011

United States Bankruptcy Court Southern District of New York Attn: Court of Honorable Robert E. Gerber One Bowling Green New York, New York 10004-1408

RE:

Your Case No.:

09-50026 (REG)

Debtor:

Motors Liquidation Company (f/k/a General Motors Corp.)

Our Client:

Accident Fund Insurance Company

Our File No.: Date of Loss:

TPCS 767689-1169158 September 11, 2008

Claim Amount:

\$125,383.82

Dear Court Clerk:

This firm is counsel for Accident Fund Insurance Company with respect to a reimbursement/subrogation claim relating to an on the job accident, on or about September 11, 2008, where the listed Debtor was a possible liable party to same.

Please be advised that this claim has been satisfactorily resolved to my client's satisfaction. To that end, I formally request to withdraw the attached Proof of Claim form in this case.

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Please contact the undersigned if questions.

Sincerely,

GIBSON & SHARPS

Matthew T. Williams, Esq.

cc:

GIBSON, DUNN & CRUTCHER, LLP 200 Park Avenue, 447th Floor New York, New York 10166-0193 Attn: Matthew Williams & Keith Martorana

WEIL, GOTSHAL & MANGES, LLP 767 Fifth Avenue New York, New York 10153 Attn: Harvey R. Miller

DICKSTEIN SHAPIRO, LLP 1633 Broadway New York, New York 10019-6708 Attn: Barry N. Seidel 99-50026-mg Doc 11236 Filed 12/12/11 Entered 12/13/11 16:57:04 Main Document Pg 3 of 3

UNITED STATES BANKRUPTCY COURT FOR THE SOUTH	IERN DISTRICT OF NEW YORK	PRC	OF OF CLAIM
Name of Debtor (Check Only One):	Case No.	Your Claim	is Scheduled As Follows:
Motors Liquidation Company (f/k/a General Motors Corporation) O9-50026 (REG) OMLCS, LLC (f/k/a Saturn, LLC) O9-50027 (REG) O9-50028 (REG) O9-50028 (REG) O9-13558 (REG)			
NOTE: This form should not be used to make a claim for an administrative expense arising a for purposes of asserting a claim under 11 U.S.C. § 503(b)19) (see Item \$ 5). All other reques filed pursuant to 11 U.S.C. § 503.	ifter the commencement of the case, but may be used its for payment of an administrative expense should be		
Name of Creditor (the person or other entity to whom the debtor owes money or property): Accident had Insurance away of fibies of Starses	Check this box to indicate that this		
Name and address where notices should be sent: Chris Barnes (76768)	elaim amends a previously filed elaim.		
Biblion & Sharps 9390 Bunsen Parkvay	Court Claim Number: (If known)		
Levisville ky 40220 Telephone number: (501) 244-5071 Email Address: Cath Dailtean Shared	Filed on:	scheduled by on	dentified above, you have a claim e of the Debtors as shown. (This
Email Address: c+bQ3ib5=n-5horps Storm Name and address where payment should be sent (if different from above):	Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	amendment to a p agree with the ar scheduled by the against the Debto claim form. EXC shown is listed as CONTINGENT. order to receive	nt of your claim may be an reviously scheduled amount.) If you nount and priority of your claim as Debter and you have no other claim, you do not need to file this proof of EPT_AS_FOLLOWS: If the amount DISPUTED, UNLIQUIDATED, or a proof of claim MUST be filed in any distribution in respect of your
Telephone number:	Check this box if you are the debtor or trustee in this case.	accondance with t file again.	ve aiready filed a proof of claim in he attached instructions, you need not
If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5. Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. 2. Basis for Claim: **Priority** **Accipation*** **Indianal Superiority** **Accipation*** **Indianal Superiority** **Accipation*** **Indianal Superiority** **Accipation*** **Indianal Superiority** **Indianal Superiorit		Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories. check the box and state the amount. Specify the priority of the claim. Domestic support obligations under	
3. Last four digits of any number by which creditor identifies debtor:		1	C. § 507(a)(1)(A) or (a)(1)(B). calaries, or commissions (up
3u. Debtor may have scheduled account as: (See instruction ≠3a on reverse side.) 4. Secured Claim (See instruction ≠4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a information.		to \$10,9 before fi petition business	50*) earned within 180 days ling of the bankruptcy or cessation of the debtor's , whichever is earlier - 11 507(a)(4).
Nature of property or right of setoff: Real Estate Motor Vehicle Equipment Other Describe:		plan – l	itions to an employee benefit I U.S.C. § 507(a)(5). 2,425* of deposits toward
Value of Property: S Annual Interest Rate%		purchas or service	e, lease, or rental of property les for personal, family, or
Amount of arrearage and other charges as of time case filed included in secured claim, if any: S Basis for perfection:		§ 507(a)	
Amount of Secured Claim: S Amount Unsecured:	s s		r penalties owed to nental units - 11 U.S.C. NS)
6 Credity. The apparent of all narrowers on this claim has been condited for the	numara of making skir groof of alaim	☐ Value o	f goods received by the
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "reducted" on reverse side.)		Debtor within 20 days before the date of commencement of the case. 11 U.S.C. § 503(b)(9) (§ 507(a)(2)) Other – Specify applicable paragraph of 11 U.S.C. § 307(a)(_). Amount entitled to priority:	
DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS M. SCANNING. If the documents are not available, please explain in an attachment.		*Amounts and 1/1/10 and ex respect to cau the date of au	
Date: Signature: The person filing this claim must sign it. Signature: The person authorized to file this claim and state address address above. Attach copy of power of attorney, if any.	is and telephone number if different from the not		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571. Modified B10 (GCG) (12/08)